

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Io, Inc.
d/b/a Receivables Management Systems
c/o William F. Seymour IV, registered agent
1900 One James Center
901 E. Cary Street
Richmond, VA 23219



9590 9402 6217 0265 5499 39

2. Article Number (Transfer from service label)

7020 3160 0000 8169 6302

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON

FILED

A. Signature

X

2022 Oct-12 PM 01:46

U.S. DISTRICT COURT

N.D. OF ALABAMA

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2022 OCT 11 P 12:11

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt